TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL       1. TRANSMITTAL NUMBER: 12-013       2. STATE Pennsylvania         FOR: HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES       3. PROGRAM IDENTIFICATION: THE XIX OF THE SOCIAL SECURITY ACT (MEDICAD) THE XIX       3. PROGRAM IDENTIFICATION: THE XIX OF THE SOCIAL SECURITY ACT (MEDICAD) THE XIX         TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES       4. PROPOSED EFFECTIVE DATE JUN 2 4 2012         S. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)       7. FEDERAL BUDGET IMPACT: 42 CFR 447 Subpart C       8. AMENDMENT (Separate Transmittal for each amendment)         6. FEDERAL STATUTE REGULATION CITATION: 42 CFR 447 Subpart C       7. FEDERAL BUDGET IMPACT: 42 CFR 447 Subpart C       8. FFY 2011 \$0.00 b. FFY 2012 \$8. 124 Milion         8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Additional Class of Disproportionate Share Payments       9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIO OR ATTACHMENT ( <i>J Applicable</i> ): Attachment 4. 19A, Page 21a         10. SUBJECT OF AMENDMENT: Additional Class of Disproportionate Share Payments       10. GOVERNOR'S REVIEW (Check One): Commonwealth of Pennsylvania Department of Public Welfare         12. SIGNATINE OF STATE AGENCY OFFICE LNCLOSED Gary D. Alexander       16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare         13. TYPED NAME: Gary D. Alexander       JUN <b>3 5 2012</b> 16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare <th>PARTMENT OF HEALTH AND HUMAN SERVICES ALTH CARE FINANCING ADMINISTRATION</th> <th></th> <th>FORM APPROVED OMB NO. 0938-0193</th>	PARTMENT OF HEALTH AND HUMAN SERVICES ALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
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13. TYPED NAME:       Office of Medical Assistance Programs         Gary D. Alexander       Office of Medical Assistance Programs         14. TITLE:       Bureau of Policy, Bud. et and Planning         Secretary of Public Welfare       P.O. Box 8046         15. DATE SUBMITTED:       JUN 2 5 2012         FOR REGIONAL OFFICE USE ONLY         17. DATE RECEIVED:       18. DATE APPROVED:         AUG 1 5 2012	2. SIGNATURE OF STATE AGENCY OFFICIAL:	Public Welfare 16. RETURN TO: Commonwealth of Pennsylvania	
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21. TYPED NAME: TENHY Thompson DE PUTY DIRECTOR CMCS	9. EFFECTIVE DATE OF APPROVED MATERIAL:	22 TITLE.	0

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